IV. The overall objectives are listed below. Bearing in mind that these are goals and may not be attainable, please rate the program on its success in meeting these objectives:

1. Diagnosing and evaluating children's learning problems.

42%	52%	4%		
very successful	successful	undecided	not very successful	not at all successful

2. Helping students remain in regular classes

14%	66%	9%			9%
very successful	successful	undecided	not very successful	not at all successful	not applicable

3. Referring students to appropriate special educational resources (out of school) if necessary.

	58%	35%	5%	
very successful	successful	undecided	not very successful	not at all successful

4. Providing inservice training for teachers in classroom management, remediation, classroom diagnosis of learning difficulties, etc.

15%	21%	26%	31%	5%
very successful	successful	undecided	not very successful	not at all successful

5 Providing special remedi. materials, audio/visual or other resources to classroom teachers.

23%	23%	19%	28%	4%
very successful	successful	undecided	not very successful	not at all successful

6. Providing special instruction (direct student instruction) to remediate the student's area of deficit.

63%	31%	4%		
very successful	successful	undecided	not very successful	not at all successful

V. If you feel the student with whom you work has been helped by the program, would you indicate the areas that you feel they have been helped the most?

self-concept	61%	social adjustment	38%
emotional control	30%	learning ability	65%
home adjustment		other (specify)	11% (reading)
school achievement	65%		

VI. Your comments will be appreciated as well as any suggestions or requests you may offer for future years. Thank you for the effort and the time you took to complete this questionnaire. Your responses will be helpful in improving services to students.

89

COMPREHENSIVE SUPPORT SERVICES

Teacher Questionnaire

Secondary Percentage Report Summary

Student's Name	Grade

I. On a continuum of 1-5, evaluate the success of the support program in each of the following statements.

   1.   The student involved has demonstrated academic improvement.

___	___	3%	57%	38%
strongly disagree	disagree	undecided	agree	strongly agree

   2.   The student has shown evidence of increased positive self-concept.

___	___	19%	57%	19%
strongly disagree	disagree	undecided	agree	strongly agree

   3.   The student has shown improvement in class attendance.

3%	3%	19%	19%	6%	46%
strongly disagree	disagree	undecided	agree	strongly agree	not applicable

   4.   The student should continue to receive services next year.

___	___	11%	42%	42%	3%
strongly disagree	disagree	undecided	agree	strongly agree	not applicable

   5.   The student would have been able to achieve success without intervention by the support team.

34%	53%	6%	___	3%
strongly disagree	disagree	undecided	agree	strongly agree

II. Type of services provided. (Evaluate the success of each service with which you have had direct contact.)

   1.   In-classroom support through suggestions of methods, techniques, or additional knowledge about the student's special needs.

___	4%	12%	53%	26%	4%
detrimental	no value	minimal	helpful	very helpful	not applicable

   2.   Resource room or other out-of-classroom support.

___	___	4%	40%	52%	4%
detrimental	no value	minimal	helpful	very helpful	not applicable

   3.   Indirect support through parent or teacher meetings.

___	4%	19%	52%	1%	4%
detrimental	no value	minimal	helpful	very helpful	not applicable

II. Which type of service do you see as most important if the student is to have maximum opportunity for success next year?

   1.   Direct support through resource room ___73%___
       (identify the area of support: reading _65%_ _ math ___15%___ other class _26%_)

   2.   Classroom teacher support in regular class ___57%___

   3.   Parental support _19%_

   4.   Vocational or career development (grades 7-12) _34%_

   5.   Personal counseling and guidance ___15%___

IV. The overall objectives are listed below. Bearing in mind that these are goals and may not be attainable, please rate the program on its success in meeting these objectives:

1. Diagnosing and evaluating children's learning problems.

32%	59%	2%	4%	---
very successful	successful	undecided	not very successful	not at all successful

2. Helping students remain in regular classes.

28%	53%	13%	2%	---	2%
very successful	successful	undecided	not very successful	not at all successful	N/A

3. Referring students to appropriate special educational resources (out of school) if necessary.

13%	43%	11%	4%	2%	14%	20%
very successful	successful	undecided	not very successful	not at all successful	N/A	no answer

4. Providing inservice training for teachers in classroom management, remediation, classroom diagnosis of learning difficulties, etc.

12%	40%	20%	20%	5%
very successful	successful	undecided	not very successful	not at all successful

5. Providing special remedial materials, audio/visual or other resources to classroom teachers.

27%	55%	10%	6%	---
very successful	successful	undecided	not very successful	not at all successful

6. Providing special instruction (direct student instruction) to remediate the student's area of deficit.

28%	46%	12%	4%	2%	5%
very successful	successful	undecided	not very successful	not at all successful	not provided

V. If you feel the student with whom you work has been helped by the program, would you indicate the areas that you feel they have been helped the most?

self-concept	65%	social adjustment	27%
emotional control	20%	learning ability	48%
home adjustment	7%	other (specify)	2% (speech and language development)
school achievement	68%		

VI. Your comments will be appreciated as well as any suggestions or requests you may offer for future years. Thank you for the effort and the time you took to complete this questionnaire. Your responses will be helpful in improving services to students.

APPENDIX D

Kindergarten Screening Battery

ABC Inventory

Rutgers Drawing Test, Form A

Slingerland Pre Reading Test

Motor Free Visual Perception Test

Rosner Perceptual Skills Screening Test

Purdue Perceptual Motor Survey

Peabody Picture Vocabulary Test

Slosson Intelligence

First Grade Placement Test

Metropolitan Reading Readiness Test

Boehm Screening Test

Shelquist Inventory of Learning Skills

Vane Kindergarten Screening Test

Distar Language Screening Test

School Before Six: A Diagnostic Approach

APPENDIX E

Battery of Diagnostic Measures

The educational measures used by the support teachers to complete an evaluation of student learning strengths and needs were determined on an individual basis by the performance of the student on initial tests. The following measures comprised a battery from which appropriate instruments were chosen.

Additional evaluation measures were used by the school psychologist, speech therapist, school nurse teacher and reading teacher. The composite profile which was constructed from a staff analysis of the total evaluation results played a key role in the establishment and planning of educational intervention strategies.

McCarthy Test of Learning Disabilities

Bender Visual-Motor Gestalt Test

Detroit Test of Learning Aptitudes

Motor Free Visual Perceptual Test

Peabody Individual Achievement Test

Peabody Picture Vocabulary Test

Key Math Diagnostic Test

Illinois Test of Psycholinguistic Abilities

Berea Visual Gestalt Test

Gillmore Oral Reading Test

Durrell Test of Reading Analysis

Slosson Oral Reading Test

Slosson Intelligence Test

Silvaroli Reading Test

ITHACA CITY SCHOOL DISTRICT

Pupil Personnel Services

Referral Form (Sixth Edition)

Student _____ Homeroom _____ Date _____

Teacher_____ Grade _____ Counselor_____

Referral Source _____

1. a. What does this youngster say and/or do which has you concerned?

   b. If possible, include actual incidents or events.

2. What approaches have been tried? With what effect?

3. What are your observations of this student's strengths, interests and/or talents?

4. Please check those items on this list that you have observed in this youngster:

   a. Behavior:

   _____ whispers to himself while reading silently
   _____ seldom completes an assignment
   _____ constant tardiness
   _____ works very slowly
   _____ often displays anxiety in a testing situation
   _____ highly distractible
   _____ chronic absence
   _____ daydreaming
   _____ easily upset or frustrated
   _____ listless
   _____ constantly moving
   _____ aggressive
   _____ short attention span
   _____ frequent requests to visit nurse's office
   _____ wanders and/or lack of personal involvement in activities
   _____ cannot change (activities, tasks, scheduling)
   _____ constant attention-seeking behavior via frequent interrupting, "strange noises", "silly antics", "affection seeking, incessant talking
   _____ frequent requests to have task boundaries explicitly defined; seeks structure
   _____ withdraws from contact with peers
   _____ marked fluctuation in achievement levels
   _____ infantile behavior patterns, tantrums, bed-wetting, etc.
   _____ other _____

b. Coordination:

    (1) Large motor

       _____ often exhibits poor coordination in catching throwing, walking, skipping, running, etc.

    (2) Small motor

       _____ has difficulty copying from the chalkboard
       _____ illegible handwriting
       _____ awkward method of holding pencil or other small objects, writing, cutting, i.e., fine motor skills
       _____ other _____

c. Written:

    _____ has difficulty taking notes
    _____ has difficulty in spelling in written work
    _____ usually does not complete assignments in class
    _____ avoids written assignments
    _____ reverses letters, words, and/or numbers
    _____ frequently retraces and erases letters, numbers, drawings
    _____ poor placement of written work and/or drawings on a page
    _____ other _____

d. Auditory (oral):

    _____ gives evidence of a hearing difficulty
    _____ cannot give words or ideas in correct order
    _____ uses garbled speech
    _____ poor pronunciation
    _____ difficulty following oral directions
    _____ oral fluency not reflected in reading and writing skills
    _____ has to have things repeated
    _____ has difficulty taking notes
    _____ attends to extraneous noises
    _____ other _____

e. Visual:

    _____ gives evidence of vision difficulties
    _____ has difficulty seeing the chalkboard
    _____ loses place in reading orally and/or math computations
    _____ difficulty following written directions
    _____ cannot give words or ideas in correct order
    _____ attends to extraneous visual stimuli
    _____ other _____

5. Please indicate what you would like to see happen as a result of this referral.

Referral Form (Sixth Edition) —page 3.

6. Current status:

        reading level   _____

        program   _____

        math level   _____

        program   _____

        spelling level _____

        program   _____

Routing:

    Guidance counselor _____

    Nurse _____

    Support teacher _____

    Psychologist _____

    Social Worker _____

    Speech Therapist _____

    Principal _____

    Learning Center Teacher _____

    Reading Teacher _____

    Other_____

END